

Revised: 1-19-2018

## APPLICATION FOR ADVANCEMENT ON SALARY GUIDE

Name:		Position:		
School:		Phone:		
<ul><li>3. Attach proof of deg</li><li>4. Attach catalog desc</li><li>5. Salary adjustments</li><li>pursuant to District</li></ul>	scripts showing all <b>g</b> ree earned if relevan ription of all courses s will be presented to t Policy #3412.2 "Con those <b>specifically re</b>	t. s not included i the Board of l urses must be lated to a mem	n an earned degr Education at the those offered for aber's assigned de	next monthly meeting; the attainment of a uties."
Guide Adjustment So	ught:			
BA/15	BA/30	MA	M.A	A/15
MA/30	MA/45	Doctor	rate	
Explain how the attacresponsibilities:	_		•	-
_		Date		
Approval: Ap De	proved – will be pla nied – Reason:			
Administrator's Signature			Date	
		CE USE ONLY		
Current Salary: \$	Degree	Step	Longevity	Total
Adjusted Salary: \$	Degree	Step	Longevity	Total